

952

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

188

State File No. 188  
Registered No. 737

1. PLACE  
County Pima State Arizona  
Town Miami or Village \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
City Miami No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Elvira Carrasco (If child is not yet named, make supplemental report, as directed)

3. Sex female 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec 22, 1917 (Month, day, year)

9. Full name of FATHER Blas Carrasco 10. Residence (usual place of abode) Miami Ariz (If nonresident, give place and State) 11. Color or race Mexican 12. Age at last birthday 27 (Years) 13. Birthplace (State or country) Mexico 14. Trade, profession, or particular kind of work done, as spinner, sawyer, etc. \_\_\_\_\_ 15. Industry or business in which work was done, as silk mill, lawyer's office, silk mill, etc. Carpenter 16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 18. Full maiden name of MOTHER Rufina Quezada 19. Residence (usual place of abode) Miami (If nonresident, give place and State) 20. Color or race \_\_\_\_\_ 21. Age at last birthday 27 (Years) 22. Birthplace (city or place) San Antonio (State or country) New Mexico 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. A. W. 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of this mother (At time of birth) 2 (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period \_\_\_\_\_ months or weeks 29. Cause of stillbirth \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated (Born alive or stillborn)

(Signed) William D. Brayton M.D. Midwife  
or \_\_\_\_\_  
Address Miami Ariz  
Filed Jan 3 1918 Registrar.

Given name of child Elvira (Date of) Jan 1

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.